

DIRECTOR'S ATTESTATION

I attest that effective _____ (date), I am the laboratory director, or a co-director of:
_____(name) clinical laboratory, located at _____
_____(street address)

CLIA Number: _____.

As the director or co-director, I assume all directorship responsibilities for CLIA and State of California purposes. I understand that as a director of this laboratory, I am responsible for the accuracy and reliability of all testing performed by the laboratory and for ensuring that the laboratory meets all applicable CLIA and State requirements as stipulated in both federal and California law (Code of Federal Regulations (CFR), Title 42, Section 493.1445; California Business and Professions Code (BPC), Section 1209.

I understand that I will be held jointly and severally responsible with the laboratory owner(s) for any violations of law by this clinical laboratory (BPC §1265(b)). If deficient or unlawful practices are found that occurred while I was serving as laboratory director or co-director, which the laboratory fails or is unable to correct, and which results in the revocation of the laboratory's CLIA certificate or state license or registration, I understand that pursuant to Title 42 of the United States Code (USC), Section 263(a)(i)(3), 42 CFR 493.1840(a)(8), and BPC §1324, I would be prohibited from owning, operating or directing another clinical laboratory for a period of at least two years from the date of revocation. Such action may also be grounds for referral to the Medical Board of California or other licensing board for appropriate action.

I understand that any false statement or representation of material fact in obtaining or retaining CLIA certification or State licensure or registration may be grounds for revocation of the laboratory's CLIA certificate under 42 CFR 493.1840(a)(1), and State license or registration under BPC § 1320(f).

I understand that I will be responsible, along with the laboratory owner(s), to notify the Department of Health Services in writing of any changes in the laboratory ownership, directorship, name or location within **thirty days** of the change, and that failure to provide such notification will result in automatic revocation of the State license or registration (BPC 1265(g)), and sanctions against the CLIA certificate (42 CFR 493.45(b)(2), 493.51(a), 493.53(a), and 493.57(a)(2)).

I understand that I will continue to be held responsible as a laboratory director of this laboratory until the day that the Department of Health Services **receives** a signed statement from me notifying the Department of my resignation or termination.

I affirm under penalty of perjury, that all information I have given in this document is true.

Director's Signature

Date

Print or Type Director's Name and Title

CLIA Director: ☐ YES ☐ NO

Director's Address (as recorded on professional license)

License No. _____

Director's Direct Contact Telephone Number